U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
E 0.16537 ·			
1. File Number U -	2. Fiscal Year Covered From:		
12196	01 / 01 / 2004 Through: $12 / 31 / 2004$		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Elaise L Fox	Name UFCW Union Local 1657		
	Labor Organization File Number 016–150		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 300		
Street 808 Rosemary Way	Street 2013 First Avenue North		
City Mt. Olive	City Birmingham		
State Alabama ZIP Code + 4 35117	State Alabama ZIP Code + 4 35203		
5. Position in labor organization. President			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests			
(except as specified in the exclusions set forth in the instructions):			
 A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organization. 	r derived income or other economic benefit of tion represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
Trade reality, if arry.			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and copplete. (See the section on penalties in the instructions.)			
Signed Blasse Total	On 8/15/05 205-324-1657		
	Date Telephone Number		

Name of Person Filing Elaise L. Fox	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Dennis C. Jenkins, C.P.A			
Trade Name, if any:	X a. Labor Organization	<u> </u>	
P.O. Box, Bldg., Room No., if any Building 1200	b. Trust		
Street 1301 Shiloh Road, Suite 1250	c. Employer		
City Kennasaw		<u> </u>	
State Georgia ZIP Code + 4 30144			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Local Union Auditor	ATTENDED OF THE STATE OF THE ST	
Trade Name, if any:		State of the state	
P.O. Box, Bldg., Room No., if any		Androne	
Street	11.b. Approximate dollar value of such dealing.	\$10,000	
City	12.a. Nature of interest held or income received.	Communication of Confession Confession Confession Communication Communic	
State ZIP Code + 4	Christmas Gift		
	12.b. Amount.	\$50.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.		
Name		PERSONAL PROPERTY AND	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		Total Accounts	
Street		Terrory zena non	
City		The common and the co	
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		